

PAUL ROBERT JONES, L.P.N.

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I stipulate that I requested this surrender and no longer desire to retain my nursing license am taking this action in lieu of complying with the conditions for the reinstatement license as set forth in the March 2014 Adjudication Order, copy of which is attached hereto.

Signed this 18th day of November, 2014.


PAUL ROBERT JONES, L.P.N.

WITNESS

WITNESS

(This form must be either witnessed OR notarized)

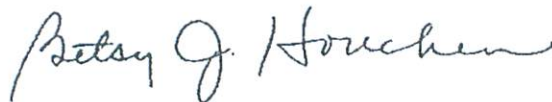
Sworn to and subscribed before me this 18 day of NOVEMBER



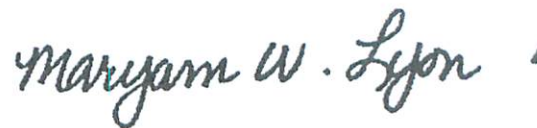
JATRICE K SHAW
Notary Public State of Ohio
My Comm. Expires JULY 06, 2010


NOTARY PUBLIC

Accepted by the Ohio Board of Nursing:



BETSY J. HOUCHEEN, R.N., JD
Executive Director



JUDITH A. CHURCH, D.H.A., M.
President, Ohio Board of Nursing

MARYAM
LYON
2015

1/23/2015

DATE

1/23/2015

DATE